

Office Use Only Perforate Here

## City of Miami Gardens

Building Department

1515 NW 167th Street, Bldg # 4

Miami Gardens, FL 33169

305-622-8027 (Office)

305-622-8557 (Fax)



# Appointment Request Form

Date of Request: \_\_\_\_\_

The following information is required to schedule an appointment. Missing information may cause a delay in scheduling an appointment.

**Applicant** (please indicate appropriate):

☐

Arch./Engr.

☐

Owner

☐

Tenant

☐

Contractor

**Applicant's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Permit or Process Number:** \_\_\_\_\_

**Jobsite Address:** \_\_\_\_\_

**Contractor's Company Name:** \_\_\_\_\_

**Who is the appointment with?** \_\_\_\_\_

**What is the reason for the appointment?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please be advised the City of Miami Gardens Building Department does not have a walk-thru.  
Meetings are not schedule for plan reviews.**

**WE WILL CALL YOU TO SCHEDULE AND CONFIRM YOUR APPOINTMENT.  
THANK YOU FOR YOUR COOPERATION.**

## FOR OFFICE USE ONLY

**Date and Time Stamp:** \_\_\_\_\_

Contacted By: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Spoke to: \_\_\_\_\_

**Scheduled for:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Contacted By: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Spoke to: \_\_\_\_\_

**Scheduled for:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Contacted By: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Spoke to: \_\_\_\_\_

**Scheduled for:**

Date: \_\_\_\_\_

Time: \_\_\_\_\_